

## NO SHOW/CANCELLATION POLICY

1. **Summary of Contents/Major Changes:** The process for managing no shows of routine medication reviews has been updated to reflect current practice. Navigators will reach out to individuals with two “initial assessment” no shows to discuss the barriers for entering treatment and attempt to re-engage the individual.
2. **Purpose of Policy:** This policy describes the processes the Center follows to combat no shows/late cancels in various programs.
3. **Applicability:** All direct service providers and receptionists.
4. **Key Definitions (if any):** N/A
5. **Policy Detail:** Missed appointments in the behavioral health field may lead to several problems, including but not limited to: compromised quality of care, increase in the likelihood of hospitalization or re-hospitalization, a decrease in medication compliance, a reduction in efficient use of Center resources, and a decrease in service capacity.

The Center recognizes that events may happen that prevent a client from canceling and attending an appointment. However, a pattern of such behavior negatively impacts both the client and the Center. It is the policy of the Center to modify the manner in which clients can schedule future appointments when multiple no shows occur within a program.

### Procedure Detail:

6. Missed appointments may occur in several forms:
  - 6.1. No Shows: No shows occur when a client misses a scheduled appointment and does not notify the Center in advance that he/she will not be attending the appointment. Appointments that are not canceled prior to 8:30 a.m. the day of the scheduled appointment are also considered no shows.
    - 6.1.1. If a client calls to reschedule an appointment for a different time on the same day, then this change should not be considered a no show or cancellation regardless of the time that the change occurs. The appointment time should simply be changed in the patient management system (i.e. – if John has an appointment at 2:00 today, but calls at 9:00 and changes the appointment to 3:00 today, then this change is not considered a no-show. The start time of the service should simply be changed from 2:00 to 3:00.)
  - 6.2. Client Cancellations: Client cancellations occur when a client misses a scheduled appointment and contacts the Center prior to 8:30 a.m. on the day of the scheduled

appointment to notify the Center of the cancellation. A client cancellation may occur several days in advance or on short notice.

- 6.3. Staff/Agency Cancellation: A staff/agency cancellation occurs when a staff member does not see a client who is on his or her schedule, regardless of when the cancellation takes place.
7. The Center prefers a proactive approach to addressing appointment attendance with clients. Several measures have been implemented Centerwide to decrease the likelihood of no shows and late cancellations.
8. Preventative Measures
  - 8.1. Automated appointment confirmation calls take place three business days prior to scheduled appointments. Follow up automated calls may occur two business days prior to scheduled appointments when contact has not been made, and text messages are sent one day prior to scheduled appointments.
  - 8.2. The Center's No Show Policy is provided in writing and explained to all clients when they begin services at the Center.
  - 8.3. Signs have been posted in reception areas and waiting rooms of each office that encourage clients to call more than 24 hours in advance to change or cancel appointments.
9. Ongoing education/supplements. Ongoing education and supplements are used for a variety of reasons: 1) to continue to stress the importance of attending scheduled appointments to clients, 2) to encourage clinicians to engage in "smart scheduling", and 3) to encourage discussion forums and feedback among staff to share successful methods of combating no shows and late cancellations.
  - 9.1. The Center must offer an initial appointment and a follow-up appointment to all clients within a prescribed timeframe based on the client's acuity (see Policy II.L.1). Beyond these two appointments, follow-up appointments should be scheduled based on client need rather than some other pre-determined method. Appointments that are scheduled based on client need are less likely to be canceled or no-showed, and re-enforce the medical necessity of the appointment. The process of rescheduling should result in a commitment between the clinician and the client, rather than just a repetitive action.
  - 9.2. Clinical staff should share their methods of combating no shows and their keys to high "show rates" with other clinicians. This discussion can be held informally and in group supervision. The specific, focused methods of combating no shows that are successful with individual clients are valuable to share with other staff.
10. Program Specific No Show Response Plans have been developed that uniquely address the client's treatment needs in each program.
11. Nursing Program – Medication Reviews

- 11.1. Criteria to Activate the No Show Response Plan: A client has two consecutive no-shows during the same episode of care with a medication provider. Please note that no shows for medication injections do not apply. (The consequences for missing medication injections can be quite significant and will be addressed on a case-by-case basis.) This also does not include initial medication evaluations.
  - 11.2. Response Plan: A client will be scheduled with an RN and will be prescribed only enough medication to last until that appointment time.
    - 11.2.1. Once seen by an RN, the client will receive a JIT date to schedule with their assigned medication provider and will receive a prescription to last until the estimated date of that appointment.
12. Nursing Program – Initial Medication Evaluations
- 12.1. At the time an initial medication evaluation is scheduled, staff should describe the Nursing Program’s no show policy to the client. This description should include the policy on initial medication evaluations as well as the policy on medication reviews.
    - 12.1.1. This discussion may be held by either support staff or by a member of the client’s treatment team. If a support staff member is speaking to client directly, then support staff is responsible for this discussion. If a therapist or other treatment team member calls support staff to schedule this appointment, then the therapist/treatment team member is responsible for this discussion.
  - 12.2. When a client no shows for an initial medication evaluation, a no show letter [P308] should be sent.
    - 12.2.1. The medication provider should direct support staff to generate and mail this letter when appropriate.
  - 12.3. If a client no shows for a second medication evaluation, the client will be unable to schedule a third time until (s)he speaks to the Assistant Director of Medical Services or her designee, and the Assistant Director of Medical Services or her designee gives approval for a third medication evaluation to be scheduled.
13. Outpatient Program
- 13.1. When a client has two no shows in the Outpatient program in less than 90 days, the client will be placed on same-day call status.
    - 13.1.1. Only no shows for individual and family therapy in the current episode of care are considered. No shows for assessments and group services are not considered.
    - 13.1.2. After the first outpatient no show, the “First OP No Show” letter should be sent to the client.
    - 13.1.3. Support staff should review the no shows that occur for their assigned program on a daily basis, and generate “First OP No Show” letters when appropriate.
  - 13.2. After the second outpatient no show occurs within a 90 day timeframe, the “same-day call status” should be activated.
    - 13.2.1. The staff member that marks the service as a “no show” should generate the No Show Response Activation Letter or should request a support staff member generate the letter.

- 13.2.2. The “same-day call status” flag should be entered into the patient management system.
- 13.2.3. Future scheduled outpatient therapy appointments should be canceled in the patient management system.
- 13.3. Prior to scheduling outpatient appointments, support staff should look in the patient management system to see if a client has two individual and/or family outpatient no shows within the last 90 days.
  - 13.3.1. If the client does have two outpatient no shows and a “same-day call status” flag has not been created in the patient management system, support staff should add the “same-day call status” flag.
- 13.4. When a client has two no shows within the last 90 days, (s)he should be informed that (s)he is on same-day call status. The client cannot schedule an appointment beyond the day that (s)he calls in for an appointment. The client must call when (s)he wants to be seen, and if the therapist has an opening on that day then the client can have that appointment time.
- 13.5. If the therapist does not have any openings for that day, then the client is welcome to call back later in the day to see if an appointment time has become available. Support staff will not be responsible for calling individuals on “same-day call status” when openings do arise.
- 13.6. If a client is in crisis or appears to be in crisis when calling for a same-day appointment and an appointment time is not available with the assigned therapist, the client should be given the opportunity to talk to a Screening and Referral therapist.
  - 13.6.1. The Screening and Referral therapist should triage the call to determine if the client needs to be seen by the Screening and Referral therapist.
- 13.7. A discussion should be held with the client at the same-day appointment about his or her no shows and a plan should be developed to help reduce/eliminate no shows. Possible steps in this process include:
  - 13.7.1. Explain the significance of the impact of no shows to clients.
  - 13.7.2. Verify point of contact information.
  - 13.7.3. Indicate our desire to resolve this issue together – with the client’s help – by gaining information. Some questions may include:
    - 13.7.3.1. What does the client think are relevant issues that would help explain the no shows?
    - 13.7.3.2. How motivated is the client to be in treatment?
    - 13.7.3.3. What is the clinician’s perceived level of the client’s readiness to change?
    - 13.7.3.4. What barriers does the client perceive are preventing them from making scheduled appointments?
    - 13.7.3.5. What could the client do differently to help with the barriers?
    - 13.7.3.6. What could we do differently to help with the barriers?
    - 13.7.3.7. Does the treatment team need to look at the treatment plan and formulate a new approach?
    - 13.7.3.8. Can we come up with a workable plan for dealing with this issue?

- 13.8. Once the client no longer meets the criteria of two outpatient no shows in the last 90 days, he or she can resume routine scheduling with the therapist.
- 13.8.1. When it is determined that a client no longer meets same-day call status, support staff should end the “same-day call status” flag from the patient management system.
- 13.9. When a client is discharged from a hospital, the client will be allowed to schedule with his or her outpatient therapist immediately following discharge even if (s)he is on “same-day call status”.
- 13.9.1. Following the first scheduled outpatient appointment after discharge, the client will need to continue to be seen on “same-day call status” until the client no longer has two no-shows in the previous 90 days.
- 13.10. There may be very rare, unique situations when a client should be scheduled for future outpatient appointments even though (s)he meets the “same-day call status” criteria. There may also be situations where a missed appointment meets the definition of a “no show”, but due to the specific circumstances the therapist would like the missed appointment reclassified to a “cancellation”.
- 13.10.1. If a therapist believes a situation such as this exists, the therapist should contact the Children Clinical Supervisor or the Adult Clinical Supervisor to request an exception.
- 13.10.2. Exceptions may be reviewed by the Executive Director on a post hoc basis.

#### 14. Initial Assessments

- 14.1. Scheduling initial assessments in a same day/next day model should reduce no shows.
- 14.2. The “Assessment Same Day Status” flag will be generated for individuals that have no showed two initial assessments. Those individuals will be asked to present on the day they want to be seen for an initial assessment rather than schedule in advance.
- 14.3. Navigators will make outreach attempts when clients no show initial assessments to determine the cause of the no show and, if appropriate, attempt to re-engage the client in services.

#### 15. CBS/CSS Programs

- 15.1. When a client has two no shows for psychosocial rehabilitation (PR) services in less than 90 days, further PR services will be provided in the Center office or community location designated by the PR provider.
- 15.2. If a client is receiving PR services in multiple settings/locations, PR services will only be limited in those settings/locations where the client has no-showed.
- 15.2.1. Example: PR services are provided to a child in the home, at the school, and parent support is provided by phone. The child no shows two PR services scheduled in the home within 90 days. The child can continue to receive PR services at the school, and parent support can continue to be provided by phone. However, PR services will not be provided in the home (or an alternative

community location) as long as the child meets the criteria of two PR no shows in the last 90 days. PR services will be provided in the school, when appropriate by phone, and in the Center office or community location designated by the PR provider.

15.2.2. Example: PR services are provided to an adult in his home and in the community. The adult no shows two PR services scheduled in the community within 90 days. PR services must be provided to the adult in the Center office or community location designated by the PR provider until the adult no longer meets the criteria of two PR no shows in the last 90 days.

15.3. After the first PR no show, the PR provider can request that support staff send a "First PR No Show" letter to the client. This letter is optional and may be sent at the discretion of the PR provider.

15.3.1. The PR provider is also encouraged to contact the client by phone to explain the implications of a second no show within 90 days.

15.4. After the second PR no show occurs within a 90 day timeframe, the Psych Rehab No Show Response Plan should be implemented.

15.4.1. The staff member that experiences the second PR no show should generate the PR No Show Response Activation Letter or should request a support staff member generate the letter.

15.4.2. The notation "PR No Show Response Plan" should be entered into the patient management system.

15.4.3. The direct service provider that initiated the PR No Show Response Plan should notify other members of the treatment team that the response plan has been activated. This notification can occur in whatever method is most efficient (phone, email, in person, etc).

15.4.4. Any future scheduled PR services in the settings/locations where the client has no-showed should be canceled. The PR provider should clearly communicate to the client the status of future appointments, especially if some are canceled and others are not.

15.5. PR services in the Center office can be scheduled in advance.

15.5.1. If a client no shows a PR service in the Center office while the PR No Show Response Plan is activated, that no show extends the length of time that the plan is in effect.

15.5.1.1. Example: John Doe no shows a PR service on January 4<sup>th</sup> and again on February 28<sup>th</sup>. The PR No Show Response Plan is activated. John schedules an in-office PR service for March 17<sup>th</sup> and no shows that service. The two no shows that count towards the 90-day timeline are the February 28<sup>th</sup> and March 17<sup>th</sup> no shows, rather than the January 4<sup>th</sup> and February 28<sup>th</sup> no shows. John will not be removed from PR No Show status for 90 days from February 28<sup>th</sup>, rather than 90 days from January 4<sup>th</sup>.

15.6. It is the client's responsibility to obtain transportation to a Center office or designated community location for a PR service when the PR No Show Response Plan has been activated.

- 15.7. A discussion should be held with the client at the Center-based PR service about his or her no shows and a plan should be developed to help reduce/eliminate no shows. Possible steps in this process include:
  - 15.7.1. Explain the significance of the impact of no shows to clients.
  - 15.7.2. Verify point of contact information.
  - 15.7.3. Indicate our desire to resolve this issue together – with the client’s help – by gaining information. Some questions may include:
    - 15.7.3.1. What does the client think are relevant issues that would help explain the no shows?
    - 15.7.3.2. How motivated is the client to be in treatment?
    - 15.7.3.3. What is the clinician’s perceived level of the client’s readiness to change?
    - 15.7.3.4. What barriers does the client perceive are preventing them from making scheduled appointments?
    - 15.7.3.5. What could the client do differently to help with the barriers?
    - 15.7.3.6. What could we do differently to help with the barriers?
    - 15.7.3.7. Does the treatment team need to look at the treatment plan and formulate a new approach?
    - 15.7.3.8. Can we come up with a workable plan for dealing with this issue?
- 15.8. Exceptions
  - 15.8.1. Hospitalizations – When an individual receiving psych rehab services has been admitted to an inpatient psychiatric facility, intense psych rehab services are typically encouraged following discharge from the facility. For that reason, the PR No Show Response Plan can be suspended for 30 days following a client’s discharge from an inpatient facility.
    - 15.8.1.1. Suspension of the PR No Show Response Plan should be documented in the patient management system.
    - 15.8.1.2. Following the 30 day suspension, the primary PR provider should meet with the CBS or CSS Assistant Clinical Director to determine if the response plan should be re-activated or terminated. The patient management system should be updated to accurately reflect the decision.
  - 15.8.2. If a client is in crisis or appears to be in crisis when contacting the Center for a PR appointment, it may be appropriate for the PR provider to meet the client in a location that is currently limited due to the PR No Show Response Plan. The PR provider should review the situation with CBS or CSS Assistant Clinical Director to determine the appropriate course of action.
  - 15.8.3. There may be other very rare, unique situations when a client should receive PR services in locations limited by the PR No Show Response Plan. There may also be situations where a missed appointment meets the definition of a “no show”, but due to the specific circumstances the PR provider would like the missed appointment reclassified to a “cancellation”.
    - 15.8.3.1. If a PR provider believes a situation such as this exists, the PR provider should contact the CBS or CSS Assistant Clinical Director to request an exception.



15.8.4. CBS services provided in a school setting are an exception to the PR no show policy.

15.8.5. Exceptions may be reviewed by the Executive Director on a post hoc basis.

15.9. Once the client no longer meets the criteria of two PR no shows in the last 90 days, he or she can resume PR services as provided prior to the imposed limit.

15.9.1. If appropriate, the primary PR provider should communicate to the client that the PR No Show Response Plan has been terminated.

15.9.2. The patient management system should be updated to reflect the change in status.

## 16. Crisis Appointments

16.1. Regardless of a client's "status" with cancellations or no shows, crisis services are always available. A clinician should make the determination that a client requires a crisis appointment and schedule accordingly with an available clinician.

17. If a client continues to cancel or no show appointments in a manner that interferes with his/her ability to engage in the treatment process/plan, the client may be considered non-compliant (see Policy II.L.5). The discharge process for non-compliant clients should be followed (see Policy II.L.4).

18. Staff Cancellations: Staff Cancellations will be monitored using the outlier approach. Outliers with high staff cancellation rates will be identified and addressed in supervision.

19. Support Staff Role. Support staff at each office plays a significant role in helping improve the Center's total show rate.

19.1. Support Staff should send out appointment reminder letters and no show letters at the clinician's request and in a timely manner.

19.2. Support Staff should attempt to backfill cancellations and other openings in a timely manner using the backfill information provided by clinicians.

19.3. Support Staff should coordinate with clinicians to verify that the No Show Response Activation letters are mailed to clients.

19.4. Support Staff should follow the No Show Policy when scheduling appointments. Clients should not be scheduled at their leisure if they meet the criteria for same-day call status, and clients should not be "promised" a full prescription refill if they have no showed their medication provider.

19.5. Support Staff should be diligent to schedule in a competent manner – if an appointment is changed or canceled, the staff member should make sure the change/cancellation is processed correctly on the clinician's calendar.

## 20. Related Policies and Forms:

20.1. II.K.8. Just In Time Medication Scheduling

20.2. II.L.1. Admissions Policies and Criteria





Policy No. II.L.10.9

- 20.3. II.L.4. Discharge Criteria and Policies
- 20.4. II.L.5. Management of Non-Compliant Patients
- 20.5. Form P308 No Show Letter

21. **References:** N/A